

SENDER: COMPLETE THIS SECTION

Case 1:05-cv-01060-WKW-SRW Document 1-1 Filed 12/08/2005 Page 1 of 1

2. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. O. D. Mitchum  
100 W. Lake Professional Park  
Geneva, AL 36340

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Stephanie Secy

C. Date of Delivery

12-6-05

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1:05CV1060-F

C+O

40

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from sender)

7004 2510 0001 0150 3920

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540